# NCCS Personal Education Plan Grades K-5



North Newton Shuford South Newton

### Part I: Descriptive Information

|  |  |
| --- | --- |
| **Student Name: Click here to enter text.** | **Student ID: Click here to enter text.** |
| **Birthdate: Click here to enter text.** | **Home Phone Numbe : Click here to enter text.** |
| **Parents: Click here to enter text.** | **Work Phone Number: Click here to enter text.** |
| **Teacher: Click here to enter text.** |  |
| **Identification:**  **Regular Ed.**  **EC**  **ELL**  **MIGRANT**  **504** | **Student retained in :**  **K**  **1**  **2**  **3**  **4**  **5** |

**Part II: Diagnostic Information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Assessment** | **DIBELS Next Composite** | **TRC Level** | **Assessment** | **Level** |
| **K Reading Assessment** | Click here to enter text. | Click here to enter text. | **K Math Assessment** | Click here to enter text. |
| **1ST Reading Assessment** | Click here to enter text. | Click here to enter text. | **1st Math Assessment** | Click here to enter text. |
| **2nd Reading Assessment** | Click here to enter text. | Click here to enter text. | **2nd Math Assessment** | Click here to enter text. |
| **3rd Reading Assessment** | Click here to enter text. | Click here to enter text. | **3rd EOG Math** | Click here to enter text. |
| **3rd EOG Reading** | Click here to enter text. | Click here to enter text. | **4th EOG Math** | Click here to enter text. |
| **4th EOG Reading** | Click here to enter text. | Click here to enter text. | **5th EOG Math** | Click here to enter text. |
| **5th EOG Reading** | Click here to enter text. | Click here to enter text. | **5th EOG Science** | Click here to enter text. |

|  |  |
| --- | --- |
| **Strength**  Click here to enter text. | **Areas Needing Improvement**  Click here to enter text. |

# NCCS Personal Education Plan

# Intervention Plan

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Benchmark Goal**  **Click here to enter text.** | **Evidence-based Intervention Strategies**  **Click here to enter text.** | **Resources Needed**  **Click here to enter text.** | **Beginning**  **Click here to enter text.** | **Ending**  **Click here to enter text.** |
| **Benchmark Goal**  **Click here to enter text.** | **Evidence-based Intervention Strategies**  **Click here to enter text.** | **Resources Needed**  **Click here to enter text.** | **Beginning**  **Click here to enter text.** | **Ending**  **Click here to enter text.** |
| **Benchmark Goal**  **Click here to enter text.** | **Evidence-based Intervention Strategies**  **Click here to enter text.** | **Resources Needed**  **Click here to enter text.** | **Beginning**  **Click here to enter text.** | **Ending**  **Click here to enter text.** |
| **Benchmark Goal**  **Click here to enter text.** | **Evidence-based Intervention Strategies**  **Click here to enter text.** | **Resources Needed**  **Click here to enter text.** | **Beginning**  **Click here to enter text.** | **Ending**  **Click here to enter text.** |

First Quarter Meeting

|  |  |
| --- | --- |
| Parent Signature : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Teacher Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Principal Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Second Quarter Meeting

|  |  |
| --- | --- |
| Parent Signature : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Teacher Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Principal Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Third Quarter Meeting

|  |  |
| --- | --- |
| Parent Signature : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Teacher Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Principal Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Fourth Quarter Meeting

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| --- | --- |
| Parent Signature : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Teacher Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Principal Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |